

# SUICIDE AND OLDER ADULTS

## IN CALIFORNIA...

Adults 65 and older made up **11% of the population** in 2000

Adults 65 and older made up **20% of suicides** in 2000

Older White men had the highest suicide rates:

62 suicides per 100,000 men 85 years and older in 2000; 6 times the overall rate for men and women of all ages combined.

(Source: data calculated from CA DHS EPIC fatal injury data table builder, dept. of finance population estimates, 2000)

## SUICIDE ATTEMPTS

One older adult commits suicide for every four who injure themselves non-fatally. For all ages combined, this figure is one per 25 to 200 non-fatal attempts.

## HOSPITAL DISCHARGES

In 2000, there were 1.3 older adults discharged from California hospitals with non-fatal self-inflicted injuries to every one that died from suicide. For all ages combined, 5.3 patients were discharged with non-fatal self-inflicted injuries for each suicide death.

## RISK FACTORS

Depression is the most common risk factor for suicide.

Depression is not a normal part of healthy aging, but is associated with some of the processes that go along with aging, such as:

- Illness, especially cancer and chronic pain
- Lack of mobility
- Social isolation
- Loss of loved ones, including spouses and lifelong friends
- Divorce
- Substance abuse
- Inability to participate in the activities that they enjoyed at younger ages

## METHODS

78% of elderly men who committed suicide used firearms, compared with 53% of suicides for men of all ages, and 34% of suicides among elderly women.

## CONTACT WITH HEALTH CARE PROFESSIONALS

75% of older adults who committed suicide were seen by a health care professional in the month leading up to the suicide

20% of older adults who committed suicide were seen by a health care professional within 24 hours of the suicide

## **THE ROLE OF EMS PERSONNEL IN SUICIDE PREVENTION**

As many as 75% of older adults who committed suicide were seen by a physician in the month leading up to the suicide, and 20% were seen by a physician in the day before they committed suicide.

--American Association of Suicidology

One study of people who committed suicide within 4 weeks after contact with a health professional found that suicide intent was discussed in only 22% of cases.

(Isometsz ET et al., 1995. Am. J. Psychiatry, 152(6): 919-22)

Emergency medical personnel have a unique perspective of the patient that other health care professionals lack. Seeing the patient's home environment may reveal vital clues about their risk for suicide, such as living alone, access to lethal means such as firearms, and drug or alcohol abuse.

## **Introduction: The Toolkit for Elderly Suicide Prevention**

The toolkit for elderly suicide prevention is designed to be an internet-based resource to guide local emergency medical agencies (LEMSAs) in California through the process of collecting and analyzing their suicide data, identifying risk factors for elderly suicide, and locating resources available for suicide prevention. This project will help the user identify what data resources are available at the county level and how to access them.

This written draft contains the information that will be posted on the California EMS Authority website, as well as a sample from the interactive suicide data workbook.

It is our hope that this will be a useful tool for the prevention of suicide by helping to increase public awareness of suicide as a public health problem and guiding users to resources that will lead to effective suicide prevention programs.